

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	09/990,999
				Filing Date	November 16, 2001
				First Named Inventor	Joan M. Fallon
				Art Unit	1645
Examiner Name	Albert Mark Navarro				
Sheet	1	of	2	Attorney Docket Number	41012-705.201

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number <i>(Number-Kind Code if known)</i>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.	None.			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document <i>(Country Code - Number - Kind Code if known)</i>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T*
	2.	None.				

Continued on the next page with more references.

Examiner Signature	Date Considered
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- 1 -

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	3.	DERWENT. Abstract for RU 2286785 11/10/2006. Downloaded from the Derwent file 07/13/2011.	
	4.	Notice of Allowance dated 08/08/11 for US Application 12/426,794.	
	5.	SMITH, et al. Fecal chymotrypsin and trypsin determinations. Canadian Medical Association Journal. 1971; 104(8):691-4 and 697.	

Examiner Signature	/Albert M Navarro/	Date Considered	08/16/2011
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